

**Georgia State Board of Examiners for Certification of Water and Wastewater  
Treatment Plant Operators and Laboratory Analysts**

237 Coliseum Dr., Macon, GA 31217-3858  
404-424-9966 - [www.sos.ga.gov/plb/water](http://www.sos.ga.gov/plb/water)

**INITIAL APPLICATION - EDUCATION PROVIDER  
For Basic Training, Advanced Training, and Continuing Education Courses**

**What you need to know:**

- Please type or print clearly.
- A separate application is required for each course.
- **DO NOT** make adjustments to this form. Attach a spreadsheet as outlined below.
- Basic Training is approved only in blocks of 27 hours or 40 hours, as applicable.
- Advance Training is approved only in multiples of 12 hours (12, 24, 36, 48), as applicable
- Continuing Education Points
  - typically awarded on content and not hour-for-hour;
  - maximum number of points approved for each program is 6 points per day or 12 points per event;
  - Points awarded are as follows:
    - (1) **Direct Technical Topics** – 1 point per hour.
    - (2) **Management, Safety, and Maintenance Topics** – maximum of 6 points. Partial points are rounded to the nearest whole number.
    - (3) **Online Courses** – Any courses presented over the internet, other than live webinars, including but not limited to webcasts and prerecorded webinars. 1 point per 2 hours; maximum of 6 hours. Courses must be 2 hours in length in order to receive 1 point.
    - (4) **Live Webinar** - Live webinars must be instructor led with student interaction, and student participation must be monitored and verified. 1 point per hour.
    - (5) **Correspondence Courses** - per board's discretion
- Submit application at least 10 weeks prior to date of course offering and at least 2 weeks prior to the next scheduled board meeting. Board meeting dates are posted at [www.sos.ga.gov/plb/water](http://www.sos.ga.gov/plb/water).
- Submit a syllabus for each course.
- Late application submissions may not receive an approval number prior to the date of the courses.
- Courses submitted that are not relevant to topics within the Board's regulatory authority, such as storm water courses, will not be approved.
- The Board reserves the right to audit any approved course.
- If your course is presented in more than one method (lecture, workshop, instructive tour, online, live webinar, correspondence course), you will need to submit separate applications for each presentation method.

**DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION PACKAGE.**

**This page is just for your information.**

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**EDUCATION PROVIDER INITIAL APPLICATION  
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**I am applying for (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Basic Training       | <input type="checkbox"/> Water (water treatment, Distribution, water laboratory)  |
| <input type="checkbox"/> Advanced Training    | <input type="checkbox"/> Wastewater (wastewater treatment, collection, wastewater |
| <input type="checkbox"/> Continuing Education | laboratory, industrial wastewater)  |
| <input type="checkbox"/> Management / Safety  |   |

☐ **Please check this box if you are a military spouse or a transitioning service member of the United States armed forces, including the National Guard.**

Program Title: \_\_\_\_\_

Number of training hours for this course: \_\_\_\_\_ For continuing education, points requested: \_\_\_\_\_

➡ **Are you an IACET Provider?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, Accreditation Number:** \_\_\_\_\_

**Contact Information**

**Name of Education Provider:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of Contact Person and Title/Position:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Information to be displayed on Secretary of State Website (if different from above)**

**Name of Education Provider:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of Contact Person and Title/Position:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

**Program Information**

Program Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Is the program open to everyone? \_\_YES \_\_NO (if "open", will be listed on the SOS public website)

**Presentation Method** (check **ONE**. Note: A separate application must be submitted for each presentation method that the course is offered in):

Lecture \_\_\_\_\_ Workshop \_\_\_\_\_ Instructive Tour \_\_\_\_\_ Online \_\_\_\_\_ Live Webinar \_\_\_\_\_ Correspondence Course \_\_\_\_\_

**If the course is a live webinar, explain method of verification of participation (attached additional pages if necessary):**

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**EDUCATION PROVIDER INITIAL APPLICATION  
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For online courses, provide name of moderator: \_\_\_\_\_

Objective of course (give statement of what you expect participants to learn):

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Name of instructors and their qualifications:

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<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

<b>All Applicants must submit the following:</b>
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- a detailed description of each instructor's qualifications and education.
- a breakdown of the number of contact hours that will be spent on each topic.
- other information that will help the Board evaluate the course.

<b>Applicants for Basic Training and/or Advanced Training must <b>ALSO</b> submit the following:</b>
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- a copy of the student manual and course workbook covering the classroom material.
- a description of how class participation will be encouraged. (Credit for participation in class discussions should be considered.)
- a description of how quizzes will be administered (if given), including description of –
  - how said quizzes will be graded and documented
  - how they will be kept confidential
  - what percentage or impact on the student's final grade they will have
- a copy of the certificate of completion that will be provided to the students

I have completed this application truthfully and accurately. I agree that upon approval of this application, that I will provide each student with a "Certificate of Completion" indicating the number of hours that the student actually attended the program. I understand that the Board reserves the right to audit any approved courses.

\_\_\_\_\_  
**Signature of Education Provider**

\_\_\_\_\_  
**Date**